

GEORGE ROBISHAW HOME INTAKE ASSESSMENT

CONSUMER: _____

SPECIAL DIET (to include, but not limited to special feeding programs, preparations, caloric intake, portion control, diabetic, eating habits, etc.)—must have physician's orders for special dietary concerns- _____

LIST FOOD PREFERENCES _____

LIST FOOD DISLIKES _____

DOES CONSUMER HAVE ANY ALLERGIES? _____

ANY SENSORY OR MOBILITY IMPAIRMENTS? _____

DOES CONSUMER WEAR DENTURES _____ GLASSES _____ BRACES _____

HEARING AID _____

REQUIRE ANY ADAPTIVE EQUIPMENT _____

FOR NEW CONSUMERS WEIGHT _____ HEIGHT _____ AGE _____

DESCRIBE SLEEPING HABITS/ANY HISTORY OF SLEEPING DISORDERS? _____

DESCRIBE SAFETY SKILLS (traffic, wandering out of house, ability to sense pain, safety skills when cooking) _____

DESCRIBE SELF-CARE SKILLS (toileting, bathing, dressing, eating, hygiene/grooming (ie.,nail trimming, etc.)) _____

DESCRIBE ANY BEHAVIOR DIFFICULTIES (has consumer hurt themselves, others, or destroyed property within the last year? What have the severity, frequency, and duration of maladaptive behaviors been in the last year?) _____

DESCRIBE THE PRESENT BEHAVIORAL STATUS OF CONSUMER _____

DOES THE CONSUMER POSE A RISK TO THEMSELVES OR OTHERS? _____

HAS A PSYCHIATRIC/MEDICAL BASIS FOR BEHAVIOR BEEN RULED OUT? _____

WHAT INTERNAL AND/OR EXTERNAL RESOURCES HAVE BEEN ACCESSED TO MANAGE DIFFICULTIES IN PRESENT ENVIRONMENT? _____

DOES THE CONSUMER HAVE ANY BEHAVIORAL TREATMENT PLANS? (If yes, attach copy to this page) _____

WHAT ARE THE STAFFING NEEDS FOR THIS CONSUMER? _____

DOES THE CONSUMER INTERACT WELL WITH PEERS, STAFF? ANY CONCERNS WITH APPROPRIATE BEHAVIORS IN THE COMMUNITY? _____

DOES CLIENT NEED ASSISTANCE IN MAINTAINING FAMILY OR COMMUNITY INVOLVEMENT? _____

IS CONSUMER INVOLVED IN EDUCATIONAL, RELIGIOUS, OR DAY PROGRAMMING ACTIVITIES? _____

DOES THE CONSUMER NEED ASSISTANCE WITH BUDGETING FINANCES? MAKING PURCHASES? _____

DOES THE CONSUMER NEED ASSISTANCE WITH USING THE PHONE OR READING AND WRITING CORRESPONDENCE? _____

DOES THE CONSUMER NEED ENCOURAGEMENT TO PARTICIPATE IN OUTINGS AND RECREATIONAL/LEISURE ACTIVITIES? DOES THE CONSUMER EXPRESS LIKES AND DISLIKES? _____

DOES THE CONSUMER REQUIRE ANY OTHER FORMAL MEDICAL CARE? CAN CONSUMER ADMINISTER MEDICATIONS INDEPENDENTLY? _____

IS THE CONSUMER CURRENTLY TAKING ANY PRESCRIBED OR OVER-THE-COUNTER MEDICATIONS? WHAT ARE THESE FOR? _____

GUARDIAN _____ SELF _____ PARENT _____ STATE _____ OTHER _____

ADDITIONAL COMMENTS _____

ASSESSMENT COMPLETED BY: _____

DATE COMPLETED: _____